

**Maine CDC/DHHS Public Health Update**  
**February 25, 2010**

**Travel-related Disease Conditions**

Maine CDC has investigated multiple cases of travel-related illness since January. During school vacation weeks in February and April, Maine residents may travel to warmer climates, which put them at risk for mosquito-borne diseases. See this health alert for information about travel-related disease conditions: <http://bit.ly/ddYiJT>

In addition, these two US CDC sites provide advice for relief workers, including travel guidance specific to workers traveling to Haiti: <http://wwwnc.cdc.gov/travel/content/relief-workers.aspx> and <http://emergency.cdc.gov/disasters/earthquakes/responders.asp>

**US CDC Recommends Universal Annual Flu Vaccination**

CDC's Advisory Committee on Immunization Practices (ACIP) voted Feb. 24 to expand the recommendation for annual influenza vaccination to include all people aged 6 months and older, beginning in the 2010-2011 flu season. The new recommendation seeks to remove barriers to influenza immunization and signals the importance of preventing influenza across the entire population. For more information, see: <http://www.cdc.gov/media/pressrel/2010/r100224.htm>

The US Food and Drug Administration (FDA) and World Health Organization (WHO) have both recommended that the 2010-2011 seasonal flu vaccine include the 2009 pandemic H1N1 flu strain, along with a type A H3N2 and a type B strain. This inclusion of the 2009 pandemic strain of H1N1 will eliminate the need for two separate flu vaccines next fall. These recommendations typically guide vaccine manufacturers in preparing each season's flu vaccines.

Please note that protection from the 2009 H1N1 flu vaccine lasts through the whole 2009-2010 season. Children younger than 10 are the only people recommended to receive two doses of H1N1 vaccine this season.

**Influenza Activity in Maine and the US**

H1N1 activity continues in Maine as well as across the U.S., but in more diminished levels than in November and December. Since the last update, there has been one outbreak of influenza-like illness in a long-term care facility and two hospitalizations due to H1N1 - one in adult older than 64, and an intensive care unit admission of a toddler. Maine's weekly influenza surveillance reports can be found here: <http://bit.ly/b6dCfZ>

Virtually all of those hospitalized the past 2 months have not been vaccinated. Almost all are considered high-risk, yet were also not started on antiviral medicines within 48 hours of symptom onset. It is especially important for health care providers to offer vaccine to patients who are now in high risk groups that were not earlier in the season, such as women who are recently pregnant, people who are now caring for infants younger than six months-old, and infants who are now older than six months.

With more than 900,000 doses of H1N1 vaccine distributed in Maine to about 500 health care providers and a variety of free flu clinic settings throughout the state, **everyone should consider getting vaccinated against H1N1 flu**. This includes **seniors** (<http://bit.ly/9Py6xX>), recently **pregnant women** (<http://bit.ly/76KrZb>), new **parents and caregivers of infants younger than six months** (<http://bit.ly/5eckZK>), and **parents of children older than six months** (<http://bit.ly/7lrdRH>). **Children ages nine and younger need a second dose of vaccine** about a month after the first dose for full immunity.

Vaccine clinics can be located by calling 211 or by visiting [www.maine flu.gov](http://www.maine flu.gov). The free clinics are in bold font.

**Disposing of and Reporting Unused/Expired Vaccine**

Health care providers who have sufficient supplies and no longer need vaccine that is being shipped to them should contact their local vaccine coordinator to arrange for redistribution. **Unused or expired H1N1 vaccines may not be returned to the distributor. If vaccine cannot be redistributed prior to expiration, the health care provider is responsible for disposing of the vaccine appropriately, in compliance with Maine's biomedical waste rules. However, US CDC is working on a possible centralized national system for disposal of vaccine, and we will know more about this possibility in early-mid March.**

**Discarded vaccine needs to be reported to Maine CDC.** Providers Please discard the expired vaccine doses as providers do with their other expired medicines and ask them to report the doses discarded on the same weekly reporting form used for vaccine administration ([http://www.maine.gov/dhhs/boh/maineflu/schools/documents/Aggregate-H1N1-weekly-reporting\\_V3.pdf](http://www.maine.gov/dhhs/boh/maineflu/schools/documents/Aggregate-H1N1-weekly-reporting_V3.pdf)) – please note any discarded doses in the space between the two “Total” cells at the lower right corner of the form with a mark of “Expired (and discarded) doses.”

### **Group A Strep Update**

Maine CDC has now received 16 reports of cases of invasive Group A Streptococcal (GAS) infections since January, an increase of 3 cases since the last update.

Cases have been confirmed in Androscoggin, Cumberland, Hancock, Kennebec, Oxford, Penobscot, Somerset, and York counties in people ages 6 through 90. Nine of these have resulted in Streptococcal Toxic Shock Syndrome (STSS), an increase of two since the last update. Five people with STSS have died.

Although GAS is a common bacteria in the throat and skin, often causing strep throat or impetigo, invasive GAS disease is rare, with the five-year median in Maine being 19 cases per year.

There is no reported increase in cases in nearby states, and these patients in Maine do not appear to be associated with a specific area of the state, or with influenza or with health care facilities. More information, including recommendations, can be found in this Maine CDC health advisory <http://bit.ly/bswpU2> or this US CDC site: <http://bit.ly/cP0vII>.

### **RSV**

Several anecdotal reports indicate possible high rates of Respiratory Syncytial virus (RSV), and the percentage of positive samples tested for RSV at two reference laboratories in Maine is higher than last year at this time. RSV is not a reportable disease in Maine, so exact numbers and rates are not available.

RSV is a contagious viral disease that can lead to serious health problems—especially for young children and older adults. There is no vaccine to prevent RSV. However, there are simple ways you can protect your child or yourself from getting sick during RSV season.

People with cold-like symptoms should cover their coughs and sneezes, wash hands frequently, avoid sharing cups and utensils, and refrain from kissing. Cleaning contaminated surfaces (such as doorknobs) may help stop the spread of viruses.

Symptoms of RSV infection are similar to other respiratory infections. A person with an RSV might cough, sneeze, and have a runny nose, fever, and decrease in appetite. Wheezing may also occur. In very young infants, irritability, decreased activity, and breathing difficulties may be the only symptoms of infection. Most otherwise healthy infants infected with RSV do not need to be hospitalized.

For more information about RSV, see this US CDC web site: <http://bit.ly/9mPfDi>

### **County Health Rankings**

The University of Wisconsin, with funding from the Robert Wood Johnson Foundation, issued a report titled ***County Health Rankings, Mobilizing Action Toward Community Health*** on Feb. 17. Rankings were completed in all 50 states, including Maine. Counties were ranked within states only, with no comparison between states.

The county health rankings and data are available at <http://www.countyhealthrankings.org/>.

The report helps identify factors that influence health in each county, including health outcomes and health factors. All counties in Maine, regardless of their ranking, have both strengths to celebrate and challenges to address.

For years, public health data have shown that many counties in Maine with lower incomes and educational attainment are less healthy. Such disparities continue to be reflected in these rankings. However, the report also shows significant variation. For instance, some counties with similar socioeconomic profiles have very different rankings for other health factors and for health outcomes, suggesting that a complex array of factors influence the health of our communities.

Maine is already working on addressing our health challenges. It is also important to note that Maine is one of the healthiest states in the nation. The 2009 America's Health Rankings report released by the United Health Foundation ranked Maine 9<sup>th</sup> in overall health.

Several years ago, public health stakeholders worked to form a new statewide public health system that addresses health issues across the state and in every community. We continue working to strengthen this system, which includes Healthy Maine Partnerships, Maine CDC District Public Health Units, municipal health departments, local health officers, and District Coordinating Councils.

We hope the data in this report are another motivating factor for Maine people to improve their own health, as well as to become involved with the public health system to improve the overall health of their communities.

One such new resource is the Keep ME Well website, a tool produced by Maine's public health system that individuals can use to find out how to improve health, stay well and find low cost healthcare services. The site can be accessed at <http://www.keepmewell.org/>.

Maine CDC has recently posted an updated compilation of comprehensive health indicators for each of Maine's 8 public health districts, most with state and national comparisons. They can be found at: [http://www.maine.gov/dhhs/boh/health\\_indicator\\_comparison.htm](http://www.maine.gov/dhhs/boh/health_indicator_comparison.htm).

### **Updates from Federal Partners**

- US CDC issued this Q&A about H1N1 and seasonal flu and Hispanic communities: [http://www.cdc.gov/h1n1flu/qa\\_hispanic.htm](http://www.cdc.gov/h1n1flu/qa_hispanic.htm)
- This MMWR describes an outbreak of H1N1 flu on a Peruvian Navy ship in June-July 2009: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5906a3.htm?s\\_cid=mm5906a3\\_e%0d%0a](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5906a3.htm?s_cid=mm5906a3_e%0d%0a)
- As of Feb. 17, business associates of HIPAA covered entities must comply with, and are subject to penalties for violations of, the HIPAA Security Rule (<http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/index.html>).
- New requirements for notifying individuals when their protected health information is breached went into effect Feb. 22. For more information: <http://bit.ly/93PXS4>

### **How to Stay Updated**

- **Follow Maine CDC's Social Media Updates:**
  - **Facebook** (search for "Maine CDC") <http://www.facebook.com/pages/Augusta-ME/Maine-CDC/135584761549>
  - **Twitter** (<http://twitter.com/MEPublicHealth>)
  - **MySpace** ([www.myspace.com/mainepublichealth](http://www.myspace.com/mainepublichealth))
  - **Maine CDC's Blog** (<http://mainepublichealth.blogspot.com>)
- **For clinical consultation and outbreak management guidance** call Maine CDC's toll free 24-hour phone line at: 1-800-821-5821.
- **For general questions:**
  - call **2-1-1** from 8 a.m. to 8 p.m. seven days per week